



SUBSCRIBER PAYMENT AUTHORISATION

CREDIT CARDS ARE VISA & MASTERCARD ONLY
NEW ZEALAND

Personal Details	Authority to Direct Debit		
Contract No. _____	I/We request and authorise Connect TV Pty Ltd to direct debit the account nominated and in accordance with the Schedule below on behalf of Connect TV Pty Ltd , through the Bulk Electronic Clearing System. This authority is to remain in force until the account is paid in full. Debit User ID No. _____ Schedule: The amount of your reoccurring debit may vary, depending on the product or service selected.		
Surname _____			
Given Names _____			
Street Address _____			
Suburb _____			
State _____			
Post Code _____			
Home Phone _____	No. of Debits: Continuous	DDR Instalment <input type="checkbox"/> \$64.00 or <input type="checkbox"/> \$74.00	Frequency: Monthly
<p style="text-align: center;"><u>Credit Card Details:</u></p> Credit Card No: _____ Expiry Date: _____ Card Type (V/M): _____ Name on Card: _____	N/A		
	_____ N/A		
	_____ N/A		
	_____ N/A		
	_____ N/A		

Signed by the Subscriber: Date: __ / __ / 200__

Connect TV Customer Service – Phone: 0800 896988 or Email: info@connecttv.com.au